

FILED JUL 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

250013

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 350

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Joplin		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2114 Annie Baxter			Length of stay in 1b 3 yrs.		d. STREET ADDRESS 2114 Annie Baxter		
3. NAME OF DECEASED (Type or print) First S Middle C Last Betts				4. DATE OF DEATH Month July Day 12 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 13, 1871	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Groceryman		11. BIRTHPLACE (City and state or country) Grantsville, West Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Ava Betts 2114 Annie Baxter Joplin, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) medullary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) uremia DUE TO (c) generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) cardiovascular renal syndrome						INTERVAL BETWEEN ONSET AND DEATH immed. 10 days unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5-11-57 to 7-11-57 and last saw her alive on 7-11-57 Death occurred at 10:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE D.O.				22b. ADDRESS 521 West 4th St. Joplin		22c. DATE SIGNED 7-13-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-15-57		23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cem.		23d. LOCATION (City, town, or county) (State) Joplin, Mo.	
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Webb City, Mo.				25. DATE RECD. BY LOCAL REG. 7-26-1957		26. REGISTRAR'S SIGNATURE Dove Merriam	

(Licensed Embalmer's Statement on Reverse Side)

AUG 17 1959

County File Number 571-17-6000
Date Filed JUL 29 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Jack C. Simpson

Licensed Embalmer No. 40

P. O. Address Webb CT

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
- to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.